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7590

06/15/2005

Ranjana Kadle
 Hodgson Russ LLP
 Suite 2000
 One M&T Plaza
 Buffalo, NY 14203-2391

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Alicia Falkenbach

(Depositor's name)

Alicia Falkenbach

(Signature)

September 15, 2005

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/858,036 | 05/15/2001 | Shinichi Kanno | 31090.0015 | 2475 |

TITLE OF INVENTION: METHOD FOR INDUCING ANGIOGENESIS BY ELECTRICAL STIMULATION OF MUSCLES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 09/15/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS | |
|-------------------------|----------|----------------|---|
| MULLEN, KRISTEN DROESCH | 3762 | 607-050000 | 01 FC:2501 700.00 OP 02 FC:1504 300.00 OP 03 FC:8001 30.00 OP |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hodgson Russ LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bioheart, Inc.

Sunrise, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☒ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date September 15, 2005

Typed or printed name

John D. Lopinski

Registration No. 50,846

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit : 3762
Examiner : Kristen Droesch Mullen

Applicant : Shinichi Kanno
Serial No. : 09/858,036
Filing Date : May 15, 2001
Title : METHOD FOR INDUCING
ANGIOGENESIS BY ELECTRICAL
STIMULATION OF MUSCLES

**ASSERTION OF
ENTITLEMENT TO
SMALL ENTITY
STATUS**

Mail Stop Issue Fee
Commissioner for Patents
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Sir:

I hereby certify that this paper is being deposited this date with the U.S. Postal Service as first class mail addressed Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alicia Falkenbach

Name of person signing the certification

Alicia Falkenbach

Signature

September 15, 2005

Date

The above-identified patent application remains entitled to Small Entity Status.

Respectfully submitted,

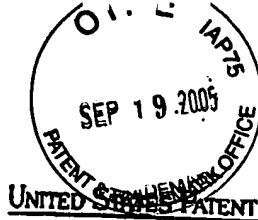
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Date: September 15, 2005



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Bib Data Sheet

CONFIRMATION NO. 2475

| | | | | |
|--|---|---|---|--------------------------------------|
| SERIAL NUMBER 09/858,036 | FILING DATE 05/15/2001 RULE | CLASS 435 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. 31090.0015 |
| APPLICANTS Shinichi Kanno, Pittsburgh, PA; Yasufumi Sato, Sendai, JAPAN; <i>verified KCP</i> | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/204,376 05/16/2000 <i>verified KCP</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none KCP</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/17/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | |
| Verified and Acknowledged <i>Ranjana Kadle</i> Examiner's Signature | | STATE OR COUNTRY PA | SHEETS DRAWING 8 | TOTAL CLAIMS 15 |
| | | | | INDEPENDENT CLAIMS 3 |
| ADDRESS Ranjana Kadle Hodgson Russ LLP Suite 2000 One M&T Plaza Buffalo, NY 14203-2391 | | | | |
| TITLE Method for inducing angiogenesis by electrical stimulation of muscles | | | | |
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time). <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit | |